

## OKLAHOMA DEPARTMENT OF COMMERCE / Office of Community Development

## DOE NEAT Building Weatherization Report

Agency: \_\_\_\_\_

Cont. #: \_\_\_\_\_

Job #: \_\_\_\_\_

App. Date: _____		Start Date: _____		Compl. Date: _____	
Applicant Name: _____			Income: _____		
Address: _____		City: _____		County: _____	
Phone: _____		Own: _____		Rent: _____	
PPTs: _____		# Elderly: _____		# Hndcp: _____	
# Nt. Am.: _____		# Children: _____		# In Household: _____	

**BUILDING INFORMATION**

Floor Area sq. ft: _____	Insulated Area sq ft: _____
Class: _____	(1) Single Family (2) Duplex or 4/plex (3) 5+ Unit (4) Shelter
Structure Type: _____	(1) Mobile Home (2) One Story (3) Two-Story (4) Three Story (5) Other _____
Construction: _____	(1) Wood/Stucco (2) Masonary Veneer (3) 8" Block Adobe (4) Other _____
Fuel: _____	(1) Oil (2) Electricity (3) Natural Gas (4) Coal (5) LP Gas (6) Wood (7) Other _____
Heating By: _____	(1) Space Heaters (2) Wall or Floor Furnace (3) Central Unit (4) Other _____
Cooling By: _____	(1) Fans (2) Evaporative Cooler (3) Central Unit (4) Refrig. Window Unit (5) Other _____
Reweatherized: _____	(1) No (2) Previously weatherized before September 30, 1994
Other Assistance: \$ _____	Source: _____ (1) FmHa (2) CDBG (3) Home (4) Other _____

**MATERIALS SUMMARY**

Item	Actual Amount		
1. Air Leakage	\$ _____	11. Storm Windows # _____	_____
2. Attic Insulation	_____	12. Low-E Windows # _____	_____
a. Added R>19: Yes ____ No ____		13. Doors # _____	_____
b. Capped, In. Added: _____		14. Refrigerator Replacement	_____
c. Depth Markers / Flags _____	\$ _____	15. LED Replacement	_____
d. Loose Fill # _____	\$ _____	16. Low Flow Showerhead	_____
e. Roll-Fiberglass # _____	\$ _____	17. Other: _____	_____
f. Vents # _____	\$ _____	18. Other: _____	_____
g. Attic Hatch: _____	\$ _____	19. H&S ASHRAE Ventilation	_____
Attic Insulation Total \$ _____		20. H&S Smoke/CO Detectors	_____
3. Wall Insulation	\$ _____	21. H&S A/C Replacement	_____
4. Floor Insulation	\$ _____	22. H&S Water Heater Replace	_____
(Only enter a cost on lines 5, 6, 8, & 9 if SIR is > 1.0, otherwise put cost under H&S)		23. H&S Wx Waste Disposal	_____
5. Duct Sealing	Mat Only \$ _____	24. H&S Other: _____	_____
6. Heating Replacement	Mat Only \$ _____	25. H&S Other: _____	_____
7. HVAC Filters	\$ _____	(MAT. ONLY, NO Labor, Add 1-18) Total \$ _____	_____
8. A/C Replacement	Mat Only \$ _____	(H&S ONLY, NO Labor, Add 19-25) Total \$ _____	_____
9. Water Heater Unit	Mat Only \$ _____	<b>Total Contracted Labor \$</b> _____	_____
10. Water Heater Tank Wrap & Pipe Insulation	\$ _____	<b>Total Unit Expenditures \$</b> _____	_____

*I hereby certify a final inspection has been performed. The applicable work has been completed in a workmanlike manner and in accordance with the determined priority. All materials purchased meet 10 CFR 440 Appendix A, Standards for Conformance.*

\_\_\_\_\_  
CAA Inspector\_\_\_\_\_  
Date\_\_\_\_\_  
ODOC QA Inspector\_\_\_\_\_  
Date**Evaluation Information:**

Estimated BTU Savings \$ \_\_\_\_\_  
 MMBtu \_\_\_\_\_  
 Average Program Support \_\_\_\_\_  
 Weather City: \_\_\_\_\_

Comments: \_\_\_\_\_